

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035879

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

133

Primary Registration District No.

3022

Registrar's No.

125

FILED OCT 8 1963

1. PLACE OF DEATH

a. COUNTY

Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural Cypress Twp.

Length of stay in 1b

Instant

c. FULL NAME OF (If NOT in hospital, give location)

5 Mi. South Bethany

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Daviess

admission)

c. CITY

OR

TOWN

Coffey

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

John

Edward

Miller

(Type or print)

4. DATE

Month

Day

Year

OF

DEATH

October

2

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

9-26-1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10b. KIND OF BUSINESS OR INDUSTRY

Own Shop

11. BIRTHPLACE (City and state or country)

Daviess Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Daniel Miller

13b. MOTHER'S MAIDEN NAME

Mary Jane Miller

14. NAME OF HUSBAND OR WIFE

Cathrine J. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

89

17. INFORMANT

Mrs. John E. Miller, Coffey, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Internal injuries

INTERVAL BETWEEN ONSET AND DEATH

sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Impact from car collision with

DUE TO (c)

truck load of soybeans

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her him alive on _____. Death occurred at about 11:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ernest L. Hood D.O.

22b. ADDRESS

Bethany, Missouri

22c. DATE SIGNED

10-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-4-1963

23c. NAME OF CEMETERY OR CREMATORY

Coffey Cemetery

23d. LOCATION (City, town, or county)

Coffey, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hope Funeral Home, Gallatin, Mo.

25. DATE RECD. BY LOCAL REG.

10-4-1963

26. REGISTRAR'S SIGNATURE

Cyella Mayes

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 of 10

2 0.310

3

4 0

5 1

6

7 0

8 0

9 X

10

11 041

12 91-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. Dickerson

Licensed Embalmer No. 3302

P. O. Address

Gallatin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.